

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">9/351160</div>		FILING DATE	
						APPLICANT(S)			

CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1									
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TOTAL IND.	6									
TOTAL DEP.	25									
TOTAL CLAIMS	31									